

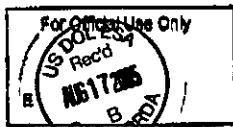
U.S. Department of Labor
Office of Labor Management
Standards
Washington DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution (fines or civil penalties as provided by 29 U.S.C. 439 or 440).



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9137</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>GARY</u> <u>D</u> <u>COTHRON SR</u> P.O. Box Bldg Room No. If any _____ Street <u>9711 E HILLSBOROUGH AVE</u> City <u>TAMPA</u> State <u>Florida</u> ZIP Code + 4 <u>33610 5929</u>	4 Name, file number and address of labor organization Name <u>MILLWRIGHTS & MACHINERY ERectors LOCAL 1000</u> Labor Organization File Number <u>512-653</u> P.O. Box Building and Room Number If any _____ Street <u>9711 E HILLSBOROUGH AVE</u> City <u>TAMPA</u> State <u>Florida</u> ZIP Code + 4 <u>33610 5929</u>
5 Position in labor organization <u>FINANCIAL SECRETARY</u>	

Enter appropriate data below if, during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P.O. Box Bldg Room No. If any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a. Nature of Interest, Transaction or Income _____ _____ _____ 7.b. Amount _____ _____
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Gary D Cothron Sr.

On

8/11/05

Date

813 624 1119

Telephone Number

Name of Person Filing GARY COTHRON SR		File Number U
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer	
10 If 9.b or 9.c is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box, Bldg Room No if any _____ Street _____ City _____ State _____, ZIP Code + 4 _____	11 a Nature of such dealing <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> 11 b Approximate dollar value of such dealing _____ 12 a Nature of interest held or income received <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div> 12 b Amount. _____	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name MILLWRIGHTS & MACHINERY ERECTORS LOCAL 1000 Trade Name if any _____ P O Box Bldg Room No if any _____ Street 9711 E HILLSBOROUGH AVE City TAMPA State Florida ZIP Code + 4 33610 5929	14 a Nature of payment Reimbursement for out of pocket expenses incurred while performing administrative activities Date of payment 5/4/2004	
13.b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b. Amount of payment <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$200</div>	

Name of Person Filing GARY COTHRON SR		File Number U	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any). Name <input type="text"/> Trade Name If any <input type="text"/> P O Box Bldg Room No If any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>		9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer	
10 If 9 b or 9 c is checked give trust or employer's name Name <input type="text"/> Trade Name If any <input type="text"/> P O Box, Bldg, Room No If any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>		11 a Nature of such dealing <input style="width: 100%; height: 60px;" type="text"/> 11 b Approximate dollar value of such dealing <input style="width: 100%;" type="text"/> 12 a Nature of interest held or income received <input style="width: 100%; height: 100px;" type="text"/> 12 b Amount <input style="width: 100%;" type="text"/>	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name MILLWRIGHTS & MACHINERY ERectors LOCAL 1000 Trade Name If any <input type="text"/> P O Box Bldg Room No If any <input type="text"/> Street 9711 E HILLSBOROUGH AVE City TAMPA State Florida ZIP Code + 4 33610 5929		14 a Nature of payment. Reimbursement for out of pocket expenses incurred and to purchase supplies for annual holiday function Date of payment 12/17/2004	
13 b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?		14 b. Amount of payment. <input style="width: 100%;" type="text"/> \$1 000	

Name of Person Filing GARY COTHRON SR		File Number U-
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any). Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer	
10 If 9.b or 9.c is checked give trust or employer's name Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11 a Nature of such dealing <div style="border: 1px solid black; height: 80px; width: 100%;"></div> 11 b Approximate dollar value of such dealing <input type="text"/> 12 a Nature of interest held or income received <div style="border: 1px solid black; height: 100px; width: 100%;"></div> 12 b Amount. <input type="text"/>	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name MILLWRIGHTS & MACHINERY ERECTORS LOCAL 1000 Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street 9711 E HILLSBOROUGH AVE City TAMPA State Florida ZIP Code + 4 33610 5929	14 a Nature of payment. Reimbursement for out of pocket expenses incurred for training meetings Date of payment: 8/12/2004	
13.b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. <input type="text"/> \$634	

Name of Person Filing GARY COTHROW SR		File Number U-
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) Name _____ Trade Name if any _____ P.O. Box, Bldg. Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____		9 Business deals with. <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 8 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P.O. Box, Bldg. Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____		11 a Nature of such dealing _____ 11 b Approximate dollar value of such dealing _____ 12 a Nature of interest held or income received _____ 12 b Amount. _____
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name MILLWRIGHTS & MACHINERY ERectors LOCAL 1000 Trade Name, if any _____ P.O. Box, Bldg. Room No. if any _____ Street 9711 E HILLSBOROUGH AVE City TAMPA State Florida ZIP Code + 4 33610 5929		14 a Nature of payment Reimbursement for out of pocket expenses incurred for training meetings Date of payment: 8/19/2004
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?		14 b Amount of payment \$102

Name of Person Filing GARY COTHRON SR		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
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10. If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P.O. Box, Bldg. Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> 11 b Approximate dollar value of such dealing _____ 12.a Nature of interest held or income received <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div> 12.b Amount _____	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any). Name MILLWRIGHTS & MACHINERY ERectors LOCAL 1000 Trade Name if any _____ P O Box, Bldg., Room No. if any _____ Street 9711 E HILLSBOROUGH AVE City TAMPA State Florida ZIP Code + 4 33610 5929	14 a Nature of payment. Reimbursement for out of pocket expenses incurred for training meetings Date of payment 10/1/2004	
13.b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. \$75	